

Milwaukee Ski Club Membership Application and Release

Last Name: _____

First Name: _____

Additional Members Names: _____

Type of Membership (single, couple, family, junior, social): _____

Address: _____

City, State, Zip _____

Phone : _____

Email Address: _____

Skills: _____

Date: _____

As a member of the Milwaukee Ski Club Inc., I and my family and guests recognize skiing and related activities inherently have some risks. I agree to hold harmless from any liability the Milwaukee Ski Club, Inc., its officers, and members from any and all claims for damages I, my family, or guests might suffer from the use of Fox Hill and participation in activities of the Milwaukee Ski Club, Inc.

Dated: _____

Signed: _____

THIS APPLICATION AND RELEASE FORM MUST BE SIGNED AND RETURNED WITH CURRENT SEASON DUES FORM TO COMPLETE YOUR MEMBERSHIP.

www.foxhill.org